

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

12

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	MR	LOUIS	R		
	NICKNAME	LAST	SUFFIX	Date Received	
	RANDY	FELDSCHAU		2023 APR - 6 PM 1:06 CITY CLERK CITY OF BEAUMONT	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4 STONEBROOK CT., BEAUMONT, TEXAS 77707				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	(409)	504-1730			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	MR	WILLIAM	D		06
	NICKNAME	LAST	SUFFIX	Date Processed	
	BILL	MAXEY		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2920 EASTEX FREEWAY BEAUMONT TEXAS 77703				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(409)	898-7610			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 23 3 / 27 / 23				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	Primary	Runoff
	5	6	23	<input checked="" type="checkbox"/> General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	CITY COUNCIL AT LARGE		CITY COUNCIL AT LARGE		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
MR. LOUIS R. (RANDY) FELDSCHAU

16 Filer ID (Ethics Commission Filers)

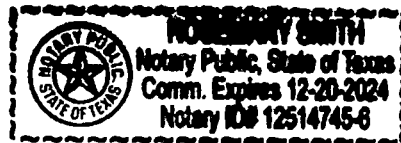
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 230.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,630.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,645.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,080.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,197.28

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Louis R. Feldschau
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Louis R. Feldschau this the 4th day of April, 2022, to certify which, witness my hand and seal of office.

Rosemary Smith Rosemary Smith Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****MR. LOUIS R. (RANDY) FELDSCHAU****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,650.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,645.59
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,468.59
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5****2** FILER NAME**MR. LOUIS R. (RANDY) FELDSCHAU****3** Filer ID (Ethics Commission Filers)**4** Date**02/25/2023****5** Full name of contributor

out-of-state PAC (ID#: _____)

DR & MRS RODOLFO P. SOTOLONGO**6** Contributor address;

City;

State;

Zip Code

20 OAK TRACE, BEAUMONT, TX 77706**7** Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/25/2023

Full name of contributor

out-of-state PAC (ID#: _____)

DR & MRS PARIS P. BRANSFORD

Contributor address;

City;

State;

Zip Code

4390 STERLING LN., BEAUMONT, TX 77706

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/25/2023

Full name of contributor

out-of-state PAC (ID#: _____)

MR. & MRS. DANIEL PARKER

Contributor address;

City;

State;

Zip Code

4735 REGINA LN, BEAUMONT, TX 77706

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/25/2023

Full name of contributor

out-of-state PAC (ID#: _____)

JACKSON P. ADAMS, III

Contributor address;

City;

State;

Zip Code

7935 INDIAN BLANKET, BEAUMONT, TX 77713

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The instruction guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME**MR. LOUIS R. (RANDY) FELDSCHAU****3** Filer ID (Ethics Commission Filers)**4** Date**02/25/2023****5** Full name of contributor

out-of-state PAC (ID#: _____)

DAVID HINSON**6** Contributor address;

City;

State;

Zip Code

214 ROYAL WAY, NEDERLAND, TX 77627**7** Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/25/2023

Full name of contributor

out-of-state PAC (ID#: _____)

WILL B. CRENSHAW

Contributor address;

City;

State;

Zip Code

P.O. BOX 790, BEAUMONT, TX 77704

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/25/2023

Full name of contributor

out-of-state PAC (ID#: _____)

BILL MUNRO

Contributor address;

City;

State;

Zip Code

399 MLK JR. PARKWAY, BEAUMONT, TX 77701

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/25/2023

Full name of contributor

out-of-state PAC (ID#: _____)

RODNEY ROBICHAU

Contributor address;

City;

State;

Zip Code

5255 MERLOT DR., BEAUMONT, TX 77706

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

MR. LOUIS R. (RANDY) FELDSCHAU

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor **out-of-state PAC (ID#:** _____

MR. & MRS. ROBERT WORTHAM

6 Contributor address; City; State; Zip Code

1360 AUDUBON PL., BEAUMONT, TX 77706

7 Amount of contribution (\$)

2,500.00

9 Employer (See Instructions)

Full name of contributor out-of-state PAC (ID#: _____)

SAMMY PARIGI

Contributor address; City; State; Zip Code

445 N. 4TH ST., BEAUMONT, TX 77702

Amount of contribution (\$)

500.00

Employer (See Instructions)

Full name of contributor out-of-state PAC (ID#: _____)

MR. & MRS. ROBERT WORTHAM

Contributor address: City: State: Zip Code

1360 AUDUBON PL., BEAUMONT, TX 77706

Amount of contribution (\$)

1,000.00

Employer (See Instructions)

Full name of contributor out-of-state PAC ID#:

SID PICARD

Contributor address: City: State: Zip Code

P.O. BOX 293, SOUR LAKE, TX 77659

Amount of contribution (\$)

2,000.00

Employer (See Instructions)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MR. LOUIS R. (RANDY) FELDSCHAU		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2023	5 Full name of contributor out-of-state PAC (ID#: _____) JESSICA GARTH 6 Contributor address; City; State; Zip Code 17 ESTATES OF MONTCLAIRE, BEAUMONT, 77706	7 Amount of contribution (\$) 750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/22/2023	Full name of contributor out-of-state PAC (ID#: _____) BETTY WASHENFELDER Contributor address; City; State; Zip Code P.O. BOX 2256, NEDERLAND, TX 77627	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor out-of-state PAC (ID#: _____) MR. & MRS GUY N GOODSON Contributor address; City; State; Zip Code 1550 INFINITY LN, BEAUMONT, TX 77706	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor out-of-state PAC (ID#: _____) HELEN J. GOLIAS Contributor address; City; State; Zip Code 1290 THOMAS RD, BEAUMONT, TX 77706	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

LOUIS R. (RANDY) FELDSCHAU

3 Filer ID (Ethics Commission Filers)**4** Date

03/23/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

CHARLES J. GIGLIO

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

P.O. BOX 4056 BEAUMONT TX 77704

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/26/2023

Full name of contributor

out-of-state PAC (ID#: _____)

MR. & MRS. R.N. STEINHAGEN

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

P.O. BOX 20037 BEAUMONT, TX 77720

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME MR. LOUIS R. (RANDY) FELDSCHAU		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 02/21/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAKE TORTORICE 7 Contributor address; City; State; Zip Code 4440 DOWLEN RD, BEAUMONT, TX 77706	8 Amount of Contribution \$ 150.00	9 In-kind contribution description MEETING ROOM & SNACKS <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) EXECUTIVE		11 Employer (FOR NON-JUDICIAL) (See Instructions) RAO'S BAKERY	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD COURVILLE Contributor address; City; State; Zip Code 1744 ROSE LN., BEAUMONT, TX 77713	Amount of Contribution \$ 600.00	In-kind contribution description FOOD FOR MEETING <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) EXECUTIVE		Employer (FOR NON-JUDICIAL) (See Instructions) CAJUN FLAVOR, INC	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME MR. LOUIS R. (RANDY) FELDSCHAU		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2023	5 Payee name CAJUN FLAVORING INC		
6 Amount (\$) 1,027.00	7 Payee address; 1744 ROSE LN.,	City; BEAUMONT,	State; TEXAS Zip Code 77713
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description FOOD FOR CAMPAIGN KICKOFF MEETING
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 03/06/2023	Candidate / Officeholder name JEFFERSON COUNTY REPUBLICAN PARTY		
Amount (\$) 1,000.00	Payee address; 1844 I-10 SUITE 102	City; BEAUMONT	State; TEXAS Zip Code 77707
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description MAIL IN BALLOT MAILER AD
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 03/16/2023	Candidate / Officeholder name RANDY FELDSCHAU		
Amount (\$) 1,468.59	Payee address; 4 STONEBROOK CT.,	City; BEAUMONT	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT		Description REPAY CANDIDATE FOR LOANS TO CAMPAIGN
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LOUIS R. (RANDY) FELDSCHAU	3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2023	5 Payee name RAO'S BAKERY	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 4440 DOWLEN RD. BEAUMONT, TEXAS 77706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description FOOD FOR CAMPAIGN KICKOFF MEETING
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME LOUIS R. (RANDY) FELDSCHAU	3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2023	5 Payee name FASTSIGNS	
6 Amount (\$) 473.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4108 DOWLEN RD BEAUMONT TEXAS 77706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description LAMINATE WINDOW FILM ADVERTISING
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 03/23/2023	Payee name CITY OF BEAUMONT	
Amount (\$) 975.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 505 WILLOW ST. BEAUMONT TEXAS 77701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description RENTAL OF EVENT CENTER FOR CAMPAIGN MEETINGS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 03/23/2023	Payee name HISPANIC PROACTIVE COALITION	
Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 5251 BEAUMONT TEXAS 77726	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description MEMBERSHIP DUES-HISPANIC ORGANIZATION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		